



APPLICATION

Accreditation of Lead-Based Paint Training Program

Date Received ____/____/____ Amount Received: \$_____ Initials: ____

NOTE: A separate application is required for each standard or refresher course.

1. Check the appropriate course type.

<u>Course</u>	<u>Fee</u>
<input type="checkbox"/> Initial Inspector	\$ 200
<input type="checkbox"/> Initial Risk Assessor	\$ 200
<input type="checkbox"/> Initial Project Designer	\$ 200
<input type="checkbox"/> Initial Supervisor	\$ 200
<input type="checkbox"/> Initial Worker	\$ 200
<input type="checkbox"/> Inspector Refresher	\$ 200
<input type="checkbox"/> Risk Assessor Refresher	\$ 200
<input type="checkbox"/> Project Designer Refresher	\$ 200
<input type="checkbox"/> Supervisor Refresher	\$ 200
<input type="checkbox"/> Worker Refresher	\$ 200
<input type="checkbox"/> Combined Refresher	\$ 400

NOTE: Combined Refresher is defined as the combination of two or more separate disciplines within the same training course.

Specify disciplines covered:

Add the fee amounts for each box checked.

Total Fee = \$_____

Please make checks payable to: CTED

2. Applicant Information

Name of Company/Organization: _____

Type of Company: (Check One) [] Corporation [] Partnership [] Individual [] Other

Mailing Address: _____ City _____ State _____ Zip
Code: _____

If the street address is different than the mailing address, please complete the following:

Street Address: _____ City _____ State _____ Zip Code: _____

Fax Number: () Business Telephone: () Federal Employer I.D. No: _____

Corporation Number (if applicable): _____ Date Incorporated: / /

State of incorporation: _____

Address where training records will be kept:

Street: _____ City _____ Zip Code: _____

How long has the applicant company or organization been in existence? _____ Years
_____ Months

If applicant's business name changed in the past two years, provide former name: _____

Is applicant accredited to provide LBP training in other jurisdictions: ____ Yes ____ No ____

If yes, list on a separate sheet of paper all approved courses, date of approval, and approving authority.

If applicant is an affiliate or subsidiary of any other organization(s), list them below:

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

List below all owners, partners, officers, and directors of the company/agency

Name and Address	Office or Title
_____	_____
_____	_____
_____	_____

(Attach list of additional names on a separate sheet of paper)

3. Applicant's History of Legal Actions

If the answer is 'yes' to any of the following questions, a detailed statement explaining the circumstances involved is required. Attach that information to the application.

Has/is the applicant or any persons identified on this application:

a. Been subject to or have pending any disciplinary action, suspension or citation of violations by any administrative agency, including, but not limited to WISHA, EPA, DOE, or L&I? ☐ Yes ☐ No

b. Been subject to any order resulting from an criminal, civil, or administrative proceedings brought against the company or persons by any administrative, governmental, or regulatory agency? ☐ Yes ☐ No

c. Been denied licensure/certification or had same suspended or revoked by any administrative, governmental, or regulatory agency? ☐ Yes ☐ No

4. Contact Information: (Person to be contacted by CTED during processing of application)

Name: _____ Phone: () _____ Fax: () _____

5. Applicant Statement and Signature

The information contained in this application is accurate, true, and complete to the best of my knowledge. I understand that if this information is false, the application may be rejected or subsequent accreditation may be revoked, pursuant to WAC 365-230-240.

I understand that this application is subject to verification. I agree to provide any additional documentation as required. I understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application. I also understand that completion and submission of this application does not guarantee certification as a lead-based paint training provider by CTED and that all fees are non-refundable.

I am authorized to sign on behalf of the applicant and those listed as owners, partners, officers, or directors thereof.

Name (Print) _____ Title: _____

Signature: _____ Date: _____

APPLICATION
For
Accreditation of Lead-Based Paint Training Program

11 If this is an **Application for Renewal** of a training course, the applicant may submit a completed application form and required documentation, except for unchanged information and documentation that was submitted with the original application. Applicant must attach to the application a separate piece of paper listing the unchanged information and documentation pertaining to the Application for Re-accreditation. (If Renewal, see page 7)

11 If this is an **Application for an Additional Training Course by an Accredited Training Provider**, the applicant provider may submit a completed application form and required documentation, except for unchanged information and documentation submitted with the original application for accreditation. Applicant must attach to the application a separate piece of paper listing the unchanged information and documentation pertaining to the Additional Training Course.

Please check the following:

Is this a Renewal Application? [] Yes [] No (If yes, see page 7)

Is this an Application for an Additional Course? [] Yes [] No

Please submit the following information with this application:

I. Training Staff

A. Training Manager

A1. Name of Training Manager: _____

Phone Number: (____) _____

A2. Documentation of Training Manager ' s Experience per WAC 365-230-040:

List documents submitted:

A3. Documentation of Training Manager ' s Education per WAC 365-230-040:

List documents submitted:

B. Principal Instructor

B1. Name of Principal Instructor: _____

Phone Number: (____) _____

B2. Documentation of Principal Instructor ' s Experience per WAC 365-230-040:

List documents submitted:

B3. Documentation of Principal Instructor ' s Education per WAC 365-230-040:

List documents submitted:

B4. List of Topics/Skill Areas Taught by Principal Instructor:

D. Training Manager ' s Statement:

I affirm and certify that the principal instructor identified in this application and teaching the course for which this application is made, meets the qualifications set forth in WAC 365-230-030:

Name (Print) _____ Title: _____

Signature: _____ Date: _____

II. Curriculum (Submit the following information on separate sheets of paper in written, narrative form, with tables or lists, as appropriate. Attach the information to the application. Manuals and other printed course materials should be sent with the application in an envelope or other container clearly marked with the applicant name and course title).

A. Entire course curriculum [per WAC 365-230-0050]. A copy of the entire course or refresher course instruction curriculum, including, but not limited to: learning objectives; documentation

of course agenda with time allocation for each course topic and sequence of topics to be covered during the course(s); student and instructor manuals, handouts, quizzes and homework.

B. Copy of the test blueprint, describing the portion of test questions devoted to each major course topic.

C. Description of the classroom and field site training facilities, equipment for lecture and hands-on training and equipment storage.

D. Description of the procedures for conducting the assessment of the hands-on skills and evaluation testing of trainees ability to perform work practices.

E. A copy of the quality control plan developed by the training manager. The plan shall be used to maintain and improve the training program and contain at least the following elements:

1. Procedures for periodic revision of training materials and course test to be current with innovations in the field.
2. Procedures for the training manager ' s annual review of principle instructor competency.

F. An example of numbered certificates to be issued to students who successfully complete the training course.

G. Description of record keeping procedures.

H. Schedule of anticipated course dates and location(s).

I. Description of the amount of time and type of hands-on training including student-to-instructor ratio during hands-on training.

J. Description of the teaching methods to be used for each major topic and for hands-on training.

K. Description of the audio-visual aids to be used for each major topic.

M. Documentation of accreditation by other state or federal agencies , if applicable.

Special Information Concerning Application for Renewal

Renewal applications must be received no later than 45 days before the accreditation expires so that the application can be reviewed and acted upon before the expiration date.

In addition to the information requested in the previous section of this application, renewal applicants must provide the additional following information:

1. A description of any changes or updates to the training facility or equipment.
2. Documentation of training manager ' s satisfactory current annual performance review of principal instructor (unless the training manager is also the principal instructor).
3. The name and signature of the course Training Manager on the line below the statement:

I affirm and certify that the course materials, for each course, meet the minimum training curricula requirements, as appropriate; that the training manager, principal instructors, and guest instructors meet the qualifications in WAC 365-230-0040(1) through (4); that the program Training Manager complies at all times with all requirements in WAC 365-230-0040; that the quality control program meets the requirements in WAC 365-230-0040(13); that the notification requirements of WAC 365-230-100 shall be followed, and that the recordkeeping and reporting requirements of WAC 365-230-0090 shall be followed.

Name (Print) _____ Title: _____

Signature: _____ Date: _____

**Return completed application and check for fees to: Lead-Based Paint Program,
Washington Department of Community, Trade and Economic Development, PO Box
42525, Olympia, WA 98504-2525.**